INFORMAL CONSULTATION TO DEVELOP PRACTICAL RECOMMENDATIONS FOR ADDRESSING VIOLENCE AGAINST WOMEN AND CHILDREN

15–16 March 2021
Virtual meeting
MEETING REPORT

INFORMAL CONSULTATION TO DEVELOP PRACTICAL RECOMMENDATIONS FOR ADDRESSING VIOLENCE AGAINST WOMEN AND CHILDREN

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NOTE

The views expressed in this report are those of the participants of the Informal Consultation to Develop Practical Recommendations for Addressing Violence against Women and Children and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the virtual Informal Consultation to Develop Practical Recommendations for Addressing Violence against Women and Children from 15 to 16 March 2021.
SUMMARY

Global estimates indicate that about one in three women worldwide have experienced either physical and/or sexual violence in their lifetime, while 1 billion children are affected by violence each year. Globally, the coronavirus disease 2019 (COVID-19) pandemic has resulted in restricted mobility, decreased availability of basic services, reduced health workforce, and weakened social and protective networks, creating an environment where women and children are at heightened risk of violence. In many countries, providers of services for victims of violence have seen substantial increases in help-seeking behaviour during the pandemic.

There are several intersections between violence against women (VAW) and violence against children (VAC), including overlapping risk factors, shared root causes and consequences of violence on well-being. While the forms and effects of violence may differ for women and children, both are violations of their human rights and negatively impact gender equity and economic growth at a population level. In many places, limited resources often result in shared mechanisms for preventing and responding to VAW and VAC at the country level. It is therefore critical to integrate interventions and strategies, demonstrating how addressing one form of violence can positively impact the other. At the same time, care should be taken to ensure that the differential needs of women and children are addressed.

The World Health Organization (WHO) Regional Office for the Western Pacific recently drafted the first regional baseline report on VAW and VAC. The document contains 2017–2019 data on policies, programmes and services for addressing violence collected by Member States in the Region. As a follow-up to questions that arose during data analysis regarding strategy implementation, service delivery and partnerships at the country level, the Regional Office convened an informal consultation to gain a deeper understanding on how policies, strategies and programmes aimed at addressing VAW and VAC can be aligned and integrated, within the context of the post-COVID-19 new normal and new future.

The Informal Consultation to Develop Practical Recommendations for Addressing Violence against Women and Children was held virtually on 15–16 March 2021. Approximately 30 participants attended the meeting, including delegates from Mongolia, New Zealand, Papua New Guinea and the Philippines, who presented on their successes and challenges in integrating or aligning policies, strategies and services that aim to end VAW and VAC, and on how COVID-19 has impacted the availability and operation of existing strategies. Guest speakers from the Department of Reproductive Health and Research at WHO headquarters, United Nations Children’s Fund (UNICEF), United Nations Population Fund (UNFPA) and United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) also shared their expertise, insights and resources on taking an integrated and collaborative approach to ending VAW and VAC.

Member States are encouraged to consider the following:

(1) Align strategies and programmes for preventing and responding to violence with the WHO INSPIRE and RESPECT frameworks and tools.

(2) Collaborate and coordinate with partners and other agencies for better sharing and use of resources and information, and understanding of procedures, moving away from working in silos.
(3) Support the empowerment of vulnerable and marginalized populations to formulate and implement culturally appropriate, gender-responsive and specific interventions to address VAW and VAC in their communities.

(4) Strengthen the capacity of all relevant agencies for addressing violence at all levels of government, from national to local.

(5) Establish multiple alternative pathways for women and children who experience violence to seek help, such as through hotlines, online platforms, social media, home visits and non-traditional service provision spaces.

(6) Organize programmes, workshops and trainings to raise awareness and train community members on identifying and responding to incidences of VAW and VAC.

(7) Identify and collate up-to-date and accurate data on the prevalence of VAW and VAC among different groups in the country, and further investigate shared risk factors and consequences for women and children.

(8) Advocate for high-level commitment from government for visibility and resources to address VAW and VAC.
1. INTRODUCTION

1.1 Meeting organization

The Informal Consultation to Develop Practical Recommendations for Addressing Violence against Women and Children was held virtually on 15–16 March 2021. Approximately 30 participants attended the meeting, including delegates from Mongolia, New Zealand, Papua New Guinea and Philippines. They presented on their successes and challenges in integrating or aligning policies, strategies and services that aim to end violence against women (VAW) and violence against children (VAC), collectively VAWC, and on how the coronavirus disease 2019 (COVID-19) pandemic has impacted the availability and operation of existing strategies. Guest speakers from the Department of Reproductive Health and Research at World Health Organization (WHO) headquarters, United Nations Children’s Fund (UNICEF), United Nations Population Fund (UNFPA) and United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) also shared their expertise, insights and resources on taking an integrated and collaborative approach to ending VAWC.

1.2 Meeting objectives

The objectives of the meeting were:

- to understand how the COVID-19 pandemic has affected the implementation of strategies and availability of programmes to address VAWC;
- to share and learn from current best practice examples of coordinated approaches in Member States to address VAWC, particularly those developed in response to COVID-19 restrictions; and
- to develop recommendations for Member States and WHO for addressing VAWC in an integrated manner within the context of the post-COVID-19 new normal and new future.

2. PROCEEDINGS

2.1 Opening session

Dr Angela Pratt, Acting Director of the Division of Healthy Environments and Populations, welcomed participants to the virtual consultation. She acknowledged that the statistics for VAWC are shocking; with one in three women experiencing sexual or physical violence in their lifetime, this would indicate that about 10 of the present participants have been, or will be, subjected to violence at some point in their lives. Furthermore, all women – regardless of their exposure to violence – live with the fear of encountering violence, and this problem is not limited to low- and middle-income countries. The COVID-19 pandemic has exacerbated this global problem. While tackling VAWC will require a comprehensive and long-term approach, the purpose of this consultation is to learn from one another about efforts being made to address the shared risk factors and consequences of both forms of violence, in the hopes of moving effective interventions forward.

Dr Kira Fortune presented the overall agenda for the two-day consultation. Besides presentations and small group discussions, a technological tool, Mentimeter, would also be used to record participants’ responses to prompts aimed at eliciting opinions and insights related to the topics covered. A graphic
A list of participants of the Consultation is available in Annex 2. The programme of activities is available in Annex 3.

To begin the meeting, participants were asked to log into the Mentimeter website, Menti.com, and respond to two questions. Their responses were then screen shared in real time to all attendees. The questions were:

- *What’s your one hope for children born today in your country?*
- *I am passionate and empowered to creating a violence-free future because...*

A summary of participants’ Menti.com responses to all prompts posed throughout the course of the two-day consultation is available in Annex 4.

### 2.2 Brief overview of violence against women and children in the Western Pacific Region and introduction to recent regional data collection

Dr Caroline Lukaszyk presented an overview of the VAWC situation in the Western Pacific Region. The grim statistics indicate that the lifetime risk for sexual and/or physical intimate partner violence is highest in the Pacific island countries and areas. Helplines across the Region have reported significant increases in cases of domestic violence during the COVID-19 pandemic due to stressors likely to increase the perpetration of violence in the home such as economic uncertainty, job losses, overcrowded settings, home schooling, and caring for elderly or sick family members. At the same time, women and children trapped in situations of harm may have less recourse to seek help due to scaled-down services and less access to protective support networks.

VAWC have many shared risk factors and both arise from harmful social norms, such as gender inequality and discrimination; both result in negative health (including mental, physical, sexual and reproductive health) and intergenerational consequences. There are many benefits of aligning VAWC work from a health system perspective, including broadening opportunities for funding, maximizing the reach of limited resources, strengthening data collection mechanisms, and enabling a life-course approach, which can address the needs of adolescents, who are often overlooked despite being particularly vulnerable to violence. However, such alignment can also reduce the specificity of the care provided, among other challenges. For instance, efforts must be made not to infantilize women but to empower them, whereas approaches for children should be focused on protection.

Dr Lukaszyk introduced two WHO frameworks – RESPECT and INSPIRE – that address VAW and VAC, respectively. The seven key strategies of each framework have significant areas of alignment with each other, showing the rationale for taking a joint approach. Specific to the Western Pacific Region, two mapping exercises for VAWC were undertaken separately over the course of 2017–2019, with 15 Member States participating in the data collection efforts. The survey questions captured information on interventions to prevent and/or respond to VAWC at four different levels of targeting: national laws and policies, national coordination mechanisms, capacity for prevention and response, and services and interventions. Delegates from four different countries were invited to share case studies illustrating interventions at each of these levels.
2.3 National laws and policies – New Zealand case study

Beginning with the Māori saying, “Me mahi tahi tatou, me te Oranga Katoa” (“We all work together for the well-being of everyone”), Ms Serena Curtis-Lemuelu described the New Zealand Family Violence Act of 2018, which aims to take a modernized, multisectoral, holistic approach towards addressing VAWC. The Act replaces the previous Act of 1995 by reflecting a broader cultural perspective and including new offences relevant to women, children and adolescents, such as forced marriage and non-fatal strangulation. Legislation has been strengthened around protection orders and extended to children and other whānau (family collective), and barriers removed in sharing information among different agencies. These changes allow the Government and the judiciary to have a better view of the impact of violence on victims, to consider this in their decision-making and to identify opportunities for intervention. The Act enables the family violence sector to have a more consistent response to victims and those who inflict violence.

While family violence was previously addressed by different agencies in a siloed manner, the Joint Venture for preventing family and sexual violence was established in 2018 to provide a single point of accountability. The Joint Venture comprises 10 government agencies led by the Ministry of Justice, with working groups meeting on an almost daily basis, sharing information and increasing joint responses to violence in communities across the country. New Zealand is currently in the process of developing a national shared strategy, and a Minister for the Prevention of Family and Sexual Violence has been appointed.

Delegates highlighted that often times people who are seeking help may not do so through formal channels but rather reach out to members of their community. Therefore, there is a need to empower communities to gain insight into lived realities on the ground. For instance, when the COVID-19 pandemic spread to Aotearoa (New Zealand), Iwi (tribal groups) came together with government agencies and service providers to discuss how to keep their populations safe. The community was mobilized to look after one another and the Federal Government (the Crown) provided support, such as supplying personal protective equipment (PPE) to service providers and delivering food to households to reduce poverty-related stress. These resulted in decreased incidences of family violence in the past year. The role of the Government is as an enabler and facilitator, and it is hoped that the principles of partnership with local communities will be maintained in the post-COVID-19 era.

Following the presentation, participants were asked to respond to three prompts on Menti.com:

- What are some examples of national laws in your country that are relevant to ending VAWC?
- How would you prioritize the importance of these factors (community engagement, service availability, financial capacity, high-level leadership, service provider capacity, data and evidence) in addressing VAWC as a collective issue?
- Laws in my country acknowledge and address shared risk factors for VAWC (true/false/maybe).

2.4 National coordination mechanisms – Philippines case study

Ms Maria Kristine Balmes presented on the Philippine Inter-Agency Council on Violence Against Women and their Children (IACVAWC), which was established to ensure the effective implementation and monitoring of the Anti-VAWC Act of 2004. The Council leads in the coordination and monitoring of anti-VAWC initiatives by its 12 member agencies, formulating programmes and projects to eliminate
VAWC and developing capacity-building training for increasing gender sensitivity among their employees. In addition, the Inter-Agency Council Against Trafficking (IACAT) is mandated to develop comprehensive programmes on the support and protection of people at regional and local levels in an integrated manner, down to the smallest political unit. The majority of barangays (neighbourhoods) in the country now have frontline VAWC desk officers to assist people who have experienced violence or who are victims of trafficking.

The benefits to having this coordinating mechanism are that comprehensive services can be delivered and harmonized for efficiency, monitoring of status and resolution of cases can be better facilitated, and a sense of community ownership is created. However, it takes time to coordinate among different agencies, which may have different priorities, and challenges arise when individual targets take precedence over joint targets. For coordination to be successful, agencies must have mutual understanding of the common procedures, and mutual confidence and trust in one another. Funding and commitment were also mentioned as necessary components to success, and that partnerships should be genuine and not tokenistic.

During the COVID-19 pandemic, government resources have been redirected to public health concerns and local government workers mobilized for pandemic-related tasks, thus negatively affecting access to services. Three major recommendations were identified to address these concerns:

1. Alternative platforms – such as texting via mobile phone – should be made available for more accessible reporting of VAWC cases.
2. Online counselling and psychosexual services must be sustained.
3. A VAWC referral system should be established and maintained.

The two Menti prompts for this topic were:

- In my country there are national multisectoral coordination mechanisms to address VAWC (true/false).
- List three factors important for effective multisectoral coordination.

2.5 Capacity for prevention and response – Mongolia case study

Dr Uyanga Boldbaatar and Ms Odgerel Dovchin presented on an initiative by Mongolia’s Ministry of Health and National Trauma and Orthopedics Research Center (NTORC), with the assistance of WHO, to build capacity and raise awareness of VAWC in health and educational organizations. Surveys indicated that many professionals working with children and families such as teachers and social workers did not know how to identify victims of violence and who to contact should they be identified. A series of classroom-based and virtual trainings were therefore conducted in 2020 on prevention, early detection and response targeted at a wide range of personnel such as medical professionals, teachers, social workers, and members of joint teams working in soums (districts) and khoroo (subdistricts). In all, over 12 000 people have undergone the training and the feedback has been very positive. The trainings have also raised awareness and knowledge on related VAWC laws, including the Law on Domestic Violence (revised in 2016) and related government regulations.

With the increase in number of people seeking assistance from living in an unsafe environment during the pandemic, the Government increased the number of temporary shelters and one-stop service centres, of which NTORC is one. A joint order was issued by the Ministry of Health as well as other sectors to
regulate and clarify the status of these one-stop service centres; as a result, they are now accredited and have standardized services and information registration systems for victims, and service has improved. In addition, financial support was also provided to joint teams.

Additional mechanisms were put in place for women and children to seek assistance and counselling and referral services. For example, the Ministry of Labor and Social Protection established hotlines for children, and a new website was launched to provide information on protection services to victims. Many online campaigns and advocacy activities have also been organized to engage and improve civil involvement in this issue. Collaboration and information sharing among sectors, and knowledge and skills on obtaining information from various sources and case management have improved.

The two Menti prompts for this topic were:

- For health-care first responders to ensure a coordinated response to both VAW and VAC, how important is it to have the following knowledge (clinical expertise, referral pathways, INSPIRE and RESPECT frameworks, understanding of law and policy)?
- What agency or organization is leading capacity development on response to, and prevention of, violence in your country?

### 2.6 Services and interventions – Papua New Guinea case study

Mr Sebastian Robert described how various policies, health plans and laws, such as the Child Protection Act and the Family Protection Act, enabled the establishment of family support centres (FSCs) to be embedded in all provincial hospitals in Papua New Guinea. Trainings related to FSCs are provided by international development partners such as WHO, UNFPA, the United States Agency for International Development and the Australian Government Department of Foreign Affairs and Trade. FSCs offer survivors of violence a range of health-care and referral services, and are dedicated safe spaces for women and children to seek treatment, counselling and legal advice. They provide five kinds of first aid: medical and psychological, HIV/AIDS, unwanted pregnancy in cases of rape, prevention of hepatitis B and tetanus, and emergency contraception. Although they primarily operate as acute treatment centres, FSCs also create a referral pathway between child protection officers, crisis accommodation providers, police, district courts and the Office of Public Prosecution, enabling a multisectoral response.

In November 2020, a high-level political commitment was made in Papua New Guinea during a summit on gender-based violence (GBV). A ministerial task force was set up to coordinate all partners with resources to strengthen response and prevention efforts for GBV. The goal is for integrated, comprehensive, convenient and free health services to be provided to all victims of GBV. Reducing the complexity of referral systems – both external (facility to facility) and internal (unit to unit within the same hospital) – will help to minimize time delays in prevention of lifelong threatening conditions and other negative health consequences.

As is the case in many other countries, it can be difficult to provide adequate resources and services, especially in rural or geographically challenging areas. In some contexts, survivors may seek help at the hospitals but find it a “dead end” with no safe houses or police assistance available, resulting in their returning to the abusive environment. The COVID-19 pandemic has exacerbated the situation due to closures or disruption of services. Health workers themselves may also suffer from depression and heavy workload. It will be important to identify and address these issues and gaps going forward.
The three Menti prompts for this topic were:

- **How important have the following strategies been to adapt and sustain services during the pandemic?** (online services, staff capacity-building, telephone services, pop-up temporary services in the community, new ways of raising awareness of services, availability of service provider home visits)?

- **What are the main enablers of delivering effective services to women and children who have experienced violence?**

- **My country has seen an increase in usage of violence response services since the pandemic started (true/false/maybe).**

During discussion of the Menti prompts, participants mentioned the importance of service provider home visits to identify VAWC cases, especially during the pandemic and among households that may have limited access to technology. Also noted were non-traditional service provision spaces such as churches, sports clubs and other grassroots organizations that are standing up against VAWC in their communities.

### 2.7 Essential Services Package for Women and Girls Subject to Violence

Following the country case study presentations, Dr Avni Amin from WHO headquarters shared information on the Essential Services Package for Women and Girls Subject to Violence, a joint publication by five UN agencies. Recent WHO estimates based on data collected from 161 countries indicate that intimate partner violence is the most common form of violence, and some of the highest rates are in the Western Pacific Region. However, early identification can prevent recurrence, mitigate negative consequences, and serve as an entry point for coordinated services and collection of data. The Essential Services Package is a guidance tool for countries that identifies the essential services to be provided to all women and girls who have experienced GBV.

The WHO frameworks INSPIRE and RESPECT, as well as other guidelines, toolkits and a host of relevant resources such as health managers’ tools and training manuals/curriculum for health-care providers have been produced to address VAWC, alongside programmes to strengthen country capacity led by WHO country and regional offices. The content of the Essential Services Package reflects WHO recommendations and activities that cut across the health, social services, and police and justice sectors, while emphasizing the importance of establishing links between and among these sectors through coordination and governance mechanisms.

In addition to this, the Clinical Handbook on Health Care for Women Subjected to Intimate Partner Violence or Sexual Violence is in the process of being updated and will include modules for family planning providers with guidelines tailored for women who have experienced violence, and sections for children and adolescents. Several other related WHO publications are also in the pipeline – for instance, resources focused on e-learning or in humanitarian settings. These will be collated and shared with all participants by the Secretariat.

### 2.8 Ending violence against women and children: opportunities and challenges for collaborative and integrated approaches

In the final session of the consultation, three guest speakers from WHO partner UN organizations – Ms Rachel Harvey (UNICEF), Ms Melissa Alvarado (UN Women) and Ms Sujata Tuladhar (UNFPA)
presented their findings from a joint collaboration investigating the intersections of VAWC. This multi-country study focused primarily on violence occurring within spaces and relationships of trust, such as schools and homes, and took a deep dive into policies, programmes and services in Cambodia, Papua New Guinea, the Philippines and Viet Nam. While all four countries have existing legal frameworks that address VAWC, significant challenges persist due to ineffective application of legislation, persistent impunity and incomplete legal provisions. There are limited public resources available to tackle VAWC, with both areas tending to be under resourced; frequently, donors tended to fund one or the other but not both. Some examples of integrated services exist, but there are notable gaps in range, reach and quality, and there is an absence of formal protocols to guide approaches. Also lacking in all countries were adolescent-specific services, and women with older children tended to have limited shelter options.

Stakeholders interviewed for the study identified education sector interventions and social norm change as critical aspects for prevention of VAWC, but few explicitly addressed this integrative approach. The study found that programming run by VAC-focused stakeholders were unlikely to be informed by a gender approach or to address the needs of children’s caregivers, and those run by VAW-focused stakeholders were unlikely to have a substantive child protection component. While most actors in both fields recognize that collaboration is important for delivering effective VAWC prevention and response, there is limited guidance on how to put this into practice, and there is no overarching theoretical framework or evidence-based model to base integrative or coordinated efforts among the various sectors involved in VAWC work.

While integration of VAWC policies and programmes may be desirable and feasible in some contexts, there are instances where specialization is important for both prevention and response. Where integration is not feasible, coordination is critical. The guest speakers highlighted the need to take a life-course and gender-transformative approach, support comprehensive legal or policy reform, identify common goals for advocacy and programming, find long-term and sustainable solutions that employ whole-system and whole-institution changes, and advocate for increased funding for both areas. Some of the opportunities to do this important work include: forming multisectoral task forces or committees to open up dialogue between the two areas; conducting research to build the evidence base for an intersectional perspective; and integrating VAWC prevention initiatives into early childhood development, parenting and school-based violence prevention programmes. The three speakers thanked the participants for their contributions to this field and encouraged them to use the INSPIRE and RESPECT frameworks in their work.

2.9 Breakout group work

As the final activity for the consultation, country delegates were split up into breakout rooms to discuss the following three questions:

(1) What have been the most important highlights over the last two days?

(2) What will you take forward in your work in addressing VAWC in a coordinated manner?

(3) What are some challenges you anticipate in your next steps? What supports may you need to overcome them?

Rapporteurs from each group then presented their responses to the larger group (see Annex 5 for a summary of each group’s points).
2.10 Closing

Dr Fortune concluded the meeting by thanking all participants for generously sharing their experiences, insights, successes and challenges with one another. She highlighted that while the issues are not new, this Consultation was unique as it focused on aligning approaches to addressing shared risk factors and consequences of violence with the aim of supporting as many women and children as possible through effective policies, services and programmes. A concrete next step is for WHO to work together with other UN agencies to develop guidance for integration and coordination of efforts to tackle VAWC, taking a whole-of-government approach that is mindful of the unique needs of women and children.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

- COVID-19 has affected service provision and uptake by women and children experiencing violence, necessitating more innovative and alternative modes of service delivery.

- Community engagement is crucial for identifying and responding to VAWC in an integrated manner, to ensure effective strategies are in place that acknowledge shared risk factors and consequences of violence against women and children, yet address differing requirements around empowerment and protection.

- Trust between key agencies is important when taking a multisectoral, whole-of-government approach towards addressing VAWC through a coordinated approach.

3.2 Recommendations

3.2.1 Recommendations for Member States

Member States are encouraged to consider the following:

1. Align strategies and programmes for preventing and responding to violence with the WHO INSPIRE and RESPECT frameworks and tools.

2. Collaborate and coordinate with partners and other agencies for better sharing and use of resources and information, and understanding of procedures, moving away from working in silos.

3. Support the empowerment of vulnerable and marginalized populations to formulate and implement culturally appropriate, gender-responsive and specific interventions to address VAWC in their communities.

4. Strengthen capacity of all relevant agencies for addressing violence at all levels of government, from national to local.

5. Establish multiple alternative pathways for women and children who experience violence to seek help, such as through hotlines, online platforms, social media, home visits and non-traditional service provision spaces.

6. Organize programmes, workshops and trainings to raise awareness and train community members on identifying and responding to incidences of VAWC.
(7) Identify and collate up-to-date and accurate data on the prevalence of VAWC among different groups in the country, and further investigate shared risk factors and consequences for women and children.

(8) Advocate for high-level commitment from government for visibility and resources to address VAWC.

3.2.2 Recommendations for WHO

WHO is requested to consider the following:

(1) Investigate opportunities for ongoing collaboration with UNFPA, UNICEF and UN Women for the development of regional guidance to address shared risk factors and consequences of VAWC.

(2) Finalize the WHO Baseline Status Report on Preventing and Responding to VAWC in the Western Pacific Region, contributing case studies and quotes collected throughout the Consultation to existing quantitative data.

(3) Work with Member States and the regional communications team to revise the planned dissemination strategy for the Baseline Status Report; a series of roundtable discussions were planned for the course of 2021, but due to a recent sharp increase in COVID-19 cases across the Region, this approach may need to be adapted.
ANNEXES

Annex 1. Graphic illustrations
Annex 2. List of participants

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### Annex 3. Programme of activities

#### Informal Consultation to Develop Practical Recommendations for Addressing Violence Against Women and Children, Virtual

**15-16 March 2021, Manila, Philippines**

<table>
<thead>
<tr>
<th>Time</th>
<th>Day 1, Monday, 15 March WPRO (Room 212)</th>
<th>Time</th>
<th>Day 2, Tuesday, 16 March WPRO (Room 404)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00-10:05</td>
<td>Opening remarks</td>
<td>10:00-10:10</td>
<td>Opening and recapitulation of Day 1</td>
</tr>
</tbody>
</table>
| 10:05-10:15   | Overview of the consultation, introduction of participants and icebreaker                                | 10:10-10:40   | **Services and intervention** to address VAC and VAW:  
  - Papua New Guinea Case Study: Family Support Centers  
  - Group discussion                                    |
| 10:15-10:30   | Brief overview of violence against women and children in the Western Pacific Region and introduction to recent regional data collection | 10:40-11:00   | **Guest speaker:** Essential Services Package for Women and Girls Subject to Violence                     |
| 10:30-11:00   | **Laws and policies** to address VAC and VAW:  
  - New Zealand Case Study: Family Violence Act 2018  
  - Group discussion                                     | 11:00-11:10   | Break                                                                                                    |
| 11:00-11:10   | **Break**                                                                                                | 11:10-11:30   | **Guest speakers:** Ending violence Against Women and Children: Opportunities and challenges for collaborative and integrated approaches |
| 11:10-11:40   | **National, multisectoral coordination mechanisms** to address VAC and VAW:  
  - Philippines Case Study: Inter-Agency Council on Violence Against Women and their Children  
  - Group discussion                                       | 11:30-12:00   | **Breakaway group work:** next steps for Member States and WHO when addressing violence against women and children |
| 11:40-12:10   | **Capacity for prevention and response** to address VAC and VAW:  
  - Mongolia Case Study: training on prevention, early detection and response to VAC/VAW  
  - Group discussion                                        | 12:00-12:25   | **Reporting back and consolidation of recommendations**                                                   |
| 12:10-12:30   | Wrap up of Day 1 and overview of Day 2                                                                  | 12:25-12:30   | **Wrap-up and next steps**                                                                               |
Annex 4. Summary of Mentimeter responses

What is your one hope for children born today in your country?

I am passionate and empowered to creating a violence-free future because.....

I want all people to have an equal chance to thrive

I want to live in a safe world

I want the next generation to have more opportunities than I did

My children, my sisters and fellow whakapapa need and deserve it

Violence is a global public health threat that impacts the lives of millions

Violence is unnecessary and preventable

I was raised in a violent environment and I don’t want others to experience what I experienced

Freedom to live with choices

Every tamariki should have opportunity to be the best they can be.

Violence is preventable and unnecessary

we stand on the shoulders of giants and we need to make sure future generations are better off than us

Rights for everyone is fulfilled

we cannot reach our full potential if we experience violence

Everyone is entitled to living healthy, safe and full lives without fear and self-doubt

We have a brighter future and potential than violence tells us

Violence creates violence. We DO NOT want our children to live in violent environment
What are some examples of national laws in your country that are relevant to ending violence against both women and children?

- Firearm and weapon
- Firearm and weapon laws
- Cyber crime
- Family Violence Act 2018
- Anti-Violence Against Women and their Children Act of 2004
- Trafficking law
- Sexual harassment law
- Mongolia’s Law on Combatting Domestic Violence 2016
- 10 day domestic violence leave
- Domestic violence law
- Cybercrime law
- Mongolia’s Law on Child Protection 2017
- Mongolia’s Law on Gender Equality 2017
- PNG Child Protection Act
- Safe Spaces Act
- Mongolia’s Law on Minor offences

How would you prioritize the importance of these factors in addressing violence against women and children as a collective issue?

- 1st: Community Engagement
- 2nd: Service availability
- 3rd: Financial capacity
- 4th: High level leadership
- 5th: Service provider capacity
- 6th: Available data and evidence

Laws in my country acknowledge and address shared risk factors for violence against women and children.
In my country, there are national multisectoral coordination mechanisms to address violence against women and children.

Ideally, what sectors should be involved in your country’s national coordination mechanisms to address violence against women and children?

List 3 factors which are important for effective multisectoral coordination to address violence against women and children?
For health care first responders to ensure a coordinated response to both VAC and VAW, how important is it to have the following knowledge?

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral pathways</td>
<td>4.3</td>
</tr>
<tr>
<td>Clinical expertise</td>
<td>4.2</td>
</tr>
<tr>
<td>Understanding of law and policy</td>
<td>4.2</td>
</tr>
<tr>
<td>INSPIRE and RESPECT frameworks</td>
<td>4.5</td>
</tr>
</tbody>
</table>

What agency or organization is leading capacity development on response to, and prevention of, violence in your country?

To what extent are front line healthcare workers in your country trained to detect and respond to violence?

<table>
<thead>
<tr>
<th>Training Level</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not trained at all</td>
<td>1</td>
</tr>
<tr>
<td>Basic knowledge</td>
<td>7</td>
</tr>
<tr>
<td>Comprehensive knowledge</td>
<td>5</td>
</tr>
<tr>
<td>Highly skilled</td>
<td>1</td>
</tr>
</tbody>
</table>
How important have the following strategies been to adapt and sustain services during the pandemic?

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online services</td>
<td>Very Important</td>
</tr>
<tr>
<td>Telephone services</td>
<td>Important</td>
</tr>
<tr>
<td>Pop up temporary services in the community</td>
<td>Important</td>
</tr>
<tr>
<td>Availability of service provider home visits</td>
<td>Important</td>
</tr>
<tr>
<td>New ways of raising awareness of services</td>
<td>Important</td>
</tr>
<tr>
<td>Staff capacity building</td>
<td>Very Important</td>
</tr>
</tbody>
</table>

What are the main enablers of delivering effective services to both women and children who have experienced violence?

<table>
<thead>
<tr>
<th>Enabler</th>
<th>Enabler</th>
<th>Enabler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriately trained staff</td>
<td>availability/accessibility of services at primary care level</td>
<td>Availability of life skills trainings</td>
</tr>
<tr>
<td>Well-developed referral pathways</td>
<td>Holistic care</td>
<td>sufficient funding</td>
</tr>
<tr>
<td>Cultural competency</td>
<td>Long-term political commitment to ending violence against women and children as a model for public service agencies</td>
<td>Financial</td>
</tr>
<tr>
<td>Availability and accessibility to education</td>
<td>committed professionals/service providers</td>
<td>Sustainable service</td>
</tr>
<tr>
<td>Positive social norms and gender norms</td>
<td>political commitment</td>
<td>good laws</td>
</tr>
<tr>
<td>Multisectoral collaboration effectively especially case management</td>
<td>Coordination</td>
<td>Well-trained, experienced and adequate number of service providers</td>
</tr>
</tbody>
</table>

My country has seen an increase in usage of violence response services since the pandemic started
Annex 5. Summary of breakout group discussions

Papua New Guinea

1. What have been the most important highlights over the last 2 days?

- Seeing how other respective governments to take an overseeing role for VAC/VAW
- Policy and laws across countries
- Political commitment made by different governments
- Multi-sectoral partnerships and coordination
- Response at various levels
- Supported by funding from development partners
- Community based engagement, supported by NGOs and international NGOs

2. What will you take forward in your work in addressing violence against women and children in a coordinated manner?

- Task force strengthening
  - Inter-government agencies will take responsibility for their areas of expertise
- Clinical guidelines and policy documents will be aligned to WHO documents for working in a coordinated manner in the country
- Health system – programme level we will advocate on mobilize funding and resources to strengthen response at programme level
- Strengthen capacity across agencies, from provincial level down to district level
- SGBV clinical guidelines will be rolled out – provincial service provision in coordinated manner
- Institutionalize gender training across the country
- Partnerships – working in collaboration with partners for better use of resources and working in a coordinated manner. Move away from working in silos.

3a) What are some challenges you anticipate in your next steps?

| Support and commitment from leaders at all level. They must commit and take ownership | More advocacy at leadership levels, within relevant sectors |
| Advocacy at all levels of leadership | There must be a push from organizations whereby we are working in collaboration |
| Slow progress, despite at implementation level there is work being done. Lack of commitment at higher levels slows progress | Government must take the lead. The partners and stakeholders should drive things alone. Government provides direction. Everyone supporting should work within the governments policy and guidelines, rather than the other way around. This would help things be more coordinated, so we are all working within the governments requirements |
| Overall coordination in terms of health sector response | Government is supported by different dev partners. The health/gender department knows the needs. Need to work within the governments priorities in terms of health sector response. Government leads the workplan and partners need to work within this workplan. This will ensure resources are put to better use. The workplan will guide all partners so they understand the priorities |
| Resource mobilization and funding | |
1. What have been the most important highlights over the last 2 days?

<table>
<thead>
<tr>
<th>Highlight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integration of VAC and VAW policies and practices</td>
</tr>
<tr>
<td>Multisectoral coordination at policy and frontline levels</td>
</tr>
<tr>
<td>Sufficiency of funds for VAC and VAW interventions</td>
</tr>
<tr>
<td>Access issues for certain groups including for people with disability</td>
</tr>
<tr>
<td>Remoteness and access to services; centralization of services</td>
</tr>
<tr>
<td>Guidance and tools – specific for needs</td>
</tr>
<tr>
<td>Specialization in services provision – recruitment of professionals eg social workers</td>
</tr>
<tr>
<td>Family support services</td>
</tr>
</tbody>
</table>

2. What will you take forward in your work in addressing violence against women and children in a coordinated manner?

<table>
<thead>
<tr>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>INSPIRE and RESPECT – introduction to the stakeholders – multi-sector partners – application of the strategies</td>
</tr>
<tr>
<td>Efforts to integrate VAC and VAW</td>
</tr>
<tr>
<td>Services to be family friendly/family based services – (perpetrator targeted services) – family reintegration – monitoring</td>
</tr>
<tr>
<td>Family support centres to better coordinate with victim support services</td>
</tr>
<tr>
<td>Parenting programmes</td>
</tr>
<tr>
<td>Prevalence studies</td>
</tr>
</tbody>
</table>

3a) What are some challenges you anticipate in your next steps?

<table>
<thead>
<tr>
<th>Challenge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fund allocation</td>
</tr>
<tr>
<td>Human resources at the frontline – capacity and sufficient number of social workers at community levels</td>
</tr>
<tr>
<td>Coordination</td>
</tr>
</tbody>
</table>

3b) What supports may you need to overcome them?

<table>
<thead>
<tr>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>One lead</td>
</tr>
<tr>
<td>Joint project</td>
</tr>
</tbody>
</table>
New Zealand

1. What have been the most important highlights over the last 2 days?

- Interested in hearing other country approaches
- Although health plays a critical role, the emphasis should be placed on taking a collective response. Health is one mechanism, but supports should be simultaneous.
- Support the need to use a combined approach simultaneously (not just health, but combined with other support services)
  - The need for wrap around services
  - The need early intervention
- Noted there wasn’t much discussion during meeting relating to crisis intervention/prevention
  - Opportunity to discuss how men also need access to supports regarding the actions they take
- Great to see initiatives to upskill community members (NZ: mental health 101, has overlaps with Mongolia community work, so will take learnings back)
- NZ: family approach and how we need to heal all, heal from systemic trauma
- Learnings for the combined approach to VAC/VAW work (rather than separate areas of work)
- NZ: reliance on social sector to tackle issues (rather than health).
- Reflection on what are we doing? How are we doing? Current focus is around, how can we reduce severity rather than reducing to zero.
- See ways to bring in respect-inspire frameworks more these align with community approaches and to use these frameworks to validate the ongoing work/approaches being taken within Indigenous communities (Maori practices, values and models)
- Would be great to see inclusive model worldwide
- In NZ, seven new legislative changes (eg employment laws)-consideration of the impact of these and appreciate the ability to have these conversations/thinking
- Capture of cultural frameworks really important, very practical but hard to push into certain spaces (due to momentum, leverage).
- Opportunity to lean from discussions in this meeting for opportunities for change

2. What will you take forward in your work in addressing violence against women and children in a coordinated manner?

- The understanding other communities across the region, proud of what communities in NZ have achieved
- Could come back through forums and share more-sharing thoughts and ideas. Also looking at how lessons learnt can help other countries/setting (value of knowledge)
- Big opportunities coming up in NZ (new minister appointed), lend itself to more multisectoral collaboration; In the process of developing a new national strategy
- We can learn from what is being done across the region (particularly in NZ, with the work in the wider Pacific space)

3a) What are some challenges you anticipate in your next steps?

- Sustained response to COVID-19
- Lots of uncertainty and ability to manage in both spaces

3b) What supports may you need to overcome them?
1. What have been the most important highlights over the last 2 days?

- We’ve seen experiences of different countries; we have similar efforts in terms of policies and facilitations, but needs differ based on needs of victims/survivors
- Most important highlight is that countries are really trying to address problems of VAV; in every presentation we see there are still gaps in implementation or the provision of services
- One that was interesting was New Zealand’s services/law; a gap that PHL is facing is to have specific services/programs for Indigenous women, one good lesson is from the NZ experience, as they have incorporated Maori/Indigenous people of NZ, they are integrated in terms of planning, development, implementation of programs; they have the council for the Maori people, this is one way to acknowledge needs; many Indigenous groups in PHL, and we need to make services appropriate to their specific needs; this is one lesson to extract
- The national commission for Indigenous people are cited in Anti-VAC/VAW; we have gaps in terms of coordinating with them in terms of getting data on violence against Indigenous women; we also have gaps in developing and implementing advocacy programs and awareness raising materials that target Indigenous people
- Primary care level and decision-making process, need representatives from Indigenous groups

2. What will you take forward in your work in addressing violence against women and children in a coordinated manner?

- PHL, as we have mentioned, already have Interagency Council, but there are gaps; need better coordination of programs and services of each member agency, especially since each member has its own mandate they need to achieve; sometimes there are problems, eg. the targets, goals, mandates take precedence; we still need to strengthen coordination among member agencies; need to really identify the targets, that would be in sync with their mandates
- There is a need to be able to get in touch with other agencies, PIA is cited to be a relevant agency in implementing the law, and the poverty commission, these other relevant agencies would be key players in ensuring vulnerable and marginalized women can be reached by campaigns and services

3a) What are some challenges you anticipate in your next steps?

- Major challenge is the pandemic, we are still trying to address the COVID-19 pandemic, but at the same time we have to adapt and strategize new programs and services that we can do during the pandemic, we are trying to address one pandemic, and then there is the ongoing problem of VAW; we still have to strategize programs and services that can adapt to the current situation and post-COVID-19
- One of the challenges that has always been cited, would be how to really ensure these programs and services are able to go down to local level, we have mechanisms to ensure implementation of laws, but we still have the concern that if these mechanisms are functioning well, if they are capable, if service providers have enough capabilities, one of the concerns is at the village level, we have problems regarding their capacity to give out the services, we would have reports that some officers don’t really know the laws, protocols, procedures, etc; ensuring these programs and services are implemented at local level is still a challenge

3b) What supports may you need to overcome them?

- Resources, financial, big concern
- The IAC Council would initiate the development of the new strategies, but then it would go down to the different member agencies, they would be the ones to develop their own programs
- Member agencies initiated how to adapt, strategize in providing services to victim/survivors

- Commitment of each agency, and LGUs Local Government Unity in prioritizing VAW; it has been a big support to actually recognize that these programs and services must be carried out and to the village level, coming from national to barangay level
- It would be good to mobilize the local mechanisms, each level has a mechanism, it’s a good way to provide the necessary capacity building programs, seminars, workshops, trainings, hold meetings with them so we can learn more about what is happening at the local level and extract recommendations and lessons from them to integrate into national